

## New York Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
ALBANY	CDPHP Medicare Choice	CDPHP Medicare Choice	•					\$40.00	-									
		CDPHP Medicare Choice with Part D	•					\$75.55	\$32.94	•			•			95	•	
	HealthNow New York Inc.	Senior Blue 400	•					\$0.00	-									
		Senior Blue 401	•					\$30.00	-									
		Traditional Blue Medicare PPO 201 Plus		•				\$65.00	-									
		Senior Blue 402	•					\$95.00	\$77.95			•	•			88	•	
		Traditional Blue Medicare PPO 202 Plus		•				\$115.00	\$77.95			•	•			88	•	
		Senior Blue 406	•					\$125.00	\$107.15	•			•			88	•	
		Traditional Blue Medicare PPO 203 Enhanced		•				\$145.00	\$107.15	•			•			88	•	
	Today's Option	Today's Options Basic				•		\$23.95	-									
		Today's Options Premier				•		\$37.95	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			•			\$22.29	\$22.29	•			•			97	•	
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Complete	•					\$0.00	-									
		UnitedHealthcare Medicare Complete Rx	•					\$0.00	\$0.00	•			•			97	•	
		Evercare Plan H	•					\$25.09	\$25.09	•			•			97	•	
		Evercare Plan DH	•					\$29.32	\$29.32	•			•			97	•	
	WellCare	WellCare Advance	•					\$0.00	-									
		WellCare Choice	•					\$0.00	\$0.00	•			•	•		85	•	
		WellCare Access	•					\$25.82	\$25.82			•				85	•	
		WellCare Liberty	•					\$55.26	\$25.82			•				85	•	
ALLEGANY	Excellus Health Plan, Inc.	SeniorChoice Value	•					\$0.00	-									
		SeniorChoice Select	•					\$15.00	-									
		Univera Medicare PPO 103		•				\$30.00	-									
		Univera Medicare PPO 102		•				\$44.00	\$21.85		•		•			87	•	
		SeniorChoice Secure	•					\$45.00	\$22.88	•			•			87	•	
	HealthNow New York Inc.	Senior Blue 401	•					\$0.00	-									
		Traditional Blue Medicare PPO 201 Plus		•				\$35.00	-									
		Senior Blue 402	•					\$95.00	\$57.29			•	•			88	•	
		Traditional Blue Medicare PPO 202 Plus		•				\$110.00	\$57.29			•	•			88	•	
		Senior Blue 406	•					\$125.00	\$87.55	•			•			88	•	
		Traditional Blue Medicare PPO 203 Enhanced		•				\$140.00	\$87.55	•			•			88	•	
	Independent Health	Encompass 65 Basic	•					\$0.00	-									
		Encompass 65 Basic with Rx	•					\$0.00	\$0.00			•				88		
		Encompass 65	•					\$16.00	-									
		Encompass 65 with Rx	•					\$48.00	\$32.08			•				88		
		Encompass 65 Extra	•					\$55.00	\$46.93	•			•			90		
		Medicare Passport Plan PPO		•				\$60.00	\$32.08			•				88		
		Medicare Passport Plan PPO Premier		•				\$118.00	\$51.78	•			•			90		
	Today's Option	Today's Options Basic				•		\$23.95	-									
		Today's Options Premier				•		\$37.95	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			•			\$22.29	\$22.29	•			•			97	•	

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
BRONX	Aetna Medicare	Aetna Golden Medicare Basic Plan	*						\$0.00	-				*			85	*
		Aetna Golden Medicare Value Plan	*						\$0.00	\$0.00	*			*				*
		Aetna Golden Medicare Standard Plan w/Rx	*						\$40.00	\$36.71	*			*	*		85	*
		Aetna Golden Medicare Premier Plan	*						\$65.00	\$58.39	*			*	*		97	*
	AmeriChoice Personal Care Plus	AmeriChoice Personal Care Plus	*						\$22.49	\$22.49		*		*			80	
	Empire BlueCross BlueShield	Senior Plan Direct PPO Plus		*					\$45.00	\$29.00	*			*			95	*
	Empire BlueCross BlueShield HMO	Senior Plan Direct Plus	*						\$0.00	\$0.00	*			*			95	*
	GHI Medicare Choice PPO	GHI Medicare PPO Prime		*					\$0.00	-				*				
		GHI Medicare PPO Plus		*					\$0.00	\$0.00	*			*			87	*
		GHI Medicare PPO Premier		*					\$0.00	\$0.00	*			*	*		87	*
		GHI Medicare PPO Value		*					\$22.46	\$22.46		*		*			87	*
	Health Net Of NY	Health Net SmartChoice for New York	*						\$0.00	\$0.00	*			*			97	*
		Health Net SmartChoice for NY	*						\$0.00	-								
		Health Net SmartChoice for NY	*						\$17.02	\$17.02		*					97	*
		Health Net SmartChoice POS for NY	*						\$30.00	\$17.61	*			*			97	*
	Healthfirst Medicare Plan	Coordinated Benefits Plan	*						\$0.00	-				*				
		Healthfirst 65 Plus Plan	*						\$0.00	\$0.00	*			*			77	*
		Healthfirst Increased Benefits Plan	*						\$29.83	\$29.83		*		*			77	*
		Healthfirst Life Improvement Plan	*						\$29.83	\$29.83		*		*			86	*
		Healthfirst Maximum Plan	*						\$29.83	\$29.83		*		*			86	*
	Healthfirst PPO	Healthfirst PPO Complete Plan		*					\$103.41	\$30.79	*			*			77	*
	HIP Health Plan of Greater New York	Open Access A	*						\$0.00	\$0.00	*			*			88	*
		Standard A	*						\$0.00	\$0.00	*			*			88	*
		RX Carveout	*						\$0.00	-				*				
		Part B Only	*						\$48.87	\$48.87			*	*			88	*
	Hip Insurance Company Of New York	HIP PPO		*					\$54.70	\$40.70			*	*			88	*
	Liberty Health Advantage, Inc.	Preferred Choice	*						\$0.00	\$0.00	*			*	*		97	*
		Dual Power - NYC	*						\$29.83	\$29.83			*				97	*
	Neighborhood Health Providers	Neighborhood Medicare Plus	*						\$0.00	-				*				
		Neighborhood Medicare Supreme	*						\$27.21	\$27.21			*				93	*
		Neighborhood Medicare Plus Rx	*						\$29.83	\$29.83			*				94	*
	Oxford Medicare Advantage	Oxford Medicare Advantage Mosaic	*						\$0.00	\$0.00	*			*			97	*
		Oxford Medicare Advantage Signature	*						\$0.00	\$0.00	*			*			97	*
		Oxford Medicare Advantage Essential	*						\$0.00	-				*				
		Oxford Medicare Advantage Select	*						\$24.90	\$24.90	*			*			97	*
	Touchstone Health Partnership	Medicare Value	*						\$0.00	\$0.00	*			*	*		96	*
		Medicare Dedicated	*						\$0.00	-				*				
		Medicare Enhanced	*						\$0.00	-				*				
		Medicare Total Advantage	*						\$31.00	\$30.90	*			*	*		96	*
		Medicare Freedom	*						\$50.00	\$0.00	*			*	*		96	*
	United Healthcare Insurance Co. of New York, Inc.	UnitedHealthcare Medicare Comp Choice Rx		*					\$23.00	\$0.00	*			*			97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete Choice			*				\$0.00	-				*				
		UnitedHealthcareMedicareCompChoice Plus Rx			*				\$22.29	\$22.29	*			*			97	*
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Comp Plan 1Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan H	*						\$25.09	\$25.09	*			*			97	*
	WellCare	WellCare Choice	*						\$0.00	\$0.00	*			*	*		85	*
		WellCare Dividend	*						\$0.00	-				*				
		WellCare Passport	*						\$0.00	\$0.00	*			*			85	*
		WellCare Select	*						\$7.46	\$7.46			*	*			85	*
		WellCare Access	*						\$25.86	\$25.86			*	*			85	*

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
BROOME	Excelsus Health Plan, Inc.	Medicare Blue PPO - ONE		*					\$0.00	-				*			87	*
		Medicare Blue PPO - THREE		*					\$24.00	\$23.31		*		*			87	*
		Medicare Blue PPO - TWO		*					\$24.00	\$23.31	*			*				
	Today's Option	Today's Options Basic				*			\$23.95	-				*				
		Today's Options Premier				*			\$37.95	-				*				
	Touchstone Health Partnership	Medicare Dedicated	*						\$0.00	-				*				
		Medicare Value	*						\$25.00	\$0.00	*			*	*		96	*
		Medicare Freedom	*						\$36.00	\$0.00	*			*	*		96	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete Choice			*				\$0.00	-				*				
		UnitedHealthcareMedicareCompChoice Plus Rx			*				\$22.29	\$22.29	*			*			97	*
	UnitedHealthcare of New York, Inc.	Evercare Plan H	*						\$25.09	\$25.09	*			*			97	*
CATTARAUGUS	Excelsus Health Plan, Inc.	SeniorChoice Value	*						\$0.00	-				*				
		SeniorChoice Select	*						\$15.00	-				*				
		Univera Medicare PPO 103		*					\$30.00	-				*				
		Univera Medicare PPO 102		*					\$44.00	\$21.85		*		*			87	*
		SeniorChoice Secure	*						\$45.00	\$22.88	*			*			87	*
	HealthNow New York Inc.	Senior Blue 401	*						\$0.00	-				*				
		Traditional Blue Medicare PPO 201 Plus		*					\$35.00	-				*				
		Senior Blue 402	*						\$95.00	\$57.29			*	*			88	*
		Traditional Blue Medicare PPO 202 Plus		*					\$110.00	\$57.29			*	*			88	*
		Senior Blue 406	*						\$125.00	\$87.55	*			*			88	*
		Traditional Blue Medicare PPO 203 Enhanced		*					\$140.00	\$87.55	*			*			88	*
	Independent Health	Encompass 65 Basic	*						\$0.00	-				*				
		Encompass 65 Basic with Rx	*						\$0.00	\$0.00			*	*			88	
		Encompass 65	*						\$16.00	-				*				
		Encompass 65 with Rx	*						\$48.00	\$32.08			*	*			88	
		Encompass 65 Extra	*						\$55.00	\$46.93	*			*			90	
		Medicare Passport Plan PPO		*					\$60.00	\$32.08			*	*			88	
		Medicare Passport Plan PPO Premier		*					\$118.00	\$51.78	*			*			90	
	Today's Option	Today's Options Basic				*			\$23.95	-				*				
		Today's Options Premier				*			\$37.95	-				*				
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete Choice			*				\$0.00	-				*				
		UnitedHealthcareMedicareCompChoice Plus Rx			*				\$22.29	\$22.29	*			*			97	*
	UnitedHealthcare of New York, Inc.	Evercare Plan H	*						\$25.09	\$25.09	*			*			97	*
CAYUGA	Excelsus Health Plan, Inc.	Medicare Blue PPO - ONE		*					\$20.00	-				*				
		Medicare Blue PPO - THREE		*					\$44.00	\$21.13		*		*			87	*
		Medicare Blue PPO - TWO		*					\$44.00	\$21.13	*			*			87	*
	Today's Option	Today's Options Basic				*			\$23.95	-				*				
		Today's Options Premier				*			\$37.95	-				*				
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete Choice			*				\$0.00	-				*				
		UnitedHealthcareMedicareCompChoice Plus Rx			*				\$22.29	\$22.29	*			*			97	*
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-				*				
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		Evercare Plan H	*						\$25.09	\$25.09	*			*			97	*

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
CHAUTAUQUA	Excelsus Health Plan, Inc.	SeniorChoice Value	*						\$0.00	-								
		SeniorChoice Select	*						\$15.00	-								
		Univera Medicare PPO 103		*					\$30.00	-								
		Univera Medicare PPO 102		*					\$44.00	\$21.85		*					87	*
		SeniorChoice Secure	*						\$45.00	\$22.88	*			*			87	*
		Senior Blue 401	*						\$0.00	-								
		Traditional Blue Medicare PPO 201 Plus		*					\$35.00	-								
		Senior Blue 402	*						\$95.00	\$57.29			*	*			88	*
		Traditional Blue Medicare PPO 202 Plus		*					\$110.00	\$57.29			*	*			88	*
		Senior Blue 406	*						\$125.00	\$87.55	*			*			88	*
	Independent Health	Traditional Blue Medicare PPO 203 Enhanced			*				\$140.00	\$87.55	*			*			88	*
		Encompass 65 Basic	*						\$0.00	-								
		Encompass 65 Basic with Rx	*						\$0.00	\$0.00			*				88	
		Encompass 65	*						\$16.00	-								
		Encompass 65 with Rx	*						\$48.00	\$32.08			*				88	
		Encompass 65 Extra	*						\$55.00	\$46.93	*			*			90	
		Medicare Passport Plan PPO		*					\$60.00	\$32.08			*				88	
		Medicare Passport Plan PPO Premier		*					\$118.00	\$51.78	*			*			90	
		Today's Option	Today's Options Basic				*		\$23.95	-								
		Today's Options Premier				*		\$37.95	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx			*				\$22.29	\$22.29	*			*			97	*
		UnitedHealthcare of New York, Inc.	Evercare Plan H	*					\$25.09	\$25.09	*			*			97	*
	CHEMUNG	Excelsus Health Plan, Inc.	Evercare Plan DH	*					\$29.32	\$29.32	*			*			97	*
			Medicare Blue PPO - ONE		*				\$0.00	-								
			Medicare Blue PPO - THREE		*				\$24.00	\$23.31		*		*			87	*
			Medicare Blue PPO - TWO		*				\$24.00	\$23.31	*			*			87	*
		Today's Option	Today's Options Basic				*		\$23.95	-								
			Today's Options Premier				*		\$37.95	-								
UnitedHealthcare Medicare Complete Choice		UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*			*			97	*	
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*			97	*	
		CHENANGO	Excelsus Health Plan, Inc.	Medicare Blue PPO - ONE		*				\$0.00	-							
Medicare Blue PPO - THREE			*					\$24.00	\$23.31		*		*			87	*	
Medicare Blue PPO - TWO			*					\$24.00	\$23.31	*			*			87	*	
Today's Option	Today's Options Basic					*		\$23.95	-									
	Today's Options Premier					*		\$37.95	-									
Touchstone Health Partnership	Medicare Dedicated		*					\$0.00	-									
	Medicare Value		*					\$25.00	\$0.00	*			*	*		96	*	
	Medicare Freedom		*					\$36.00	\$0.00	*			*	*		96	*	
UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx				*			\$0.00	\$0.00	*			*			97	*	
	UnitedHealthcare Medicare Complete Choice				*			\$0.00	-									
	UnitedHealthcareMedicareCompChoice Plus Rx				*			\$22.29	\$22.29	*			*			97	*	

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
CLINTON	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		*				\$60.00	-					*				*	
		Medicare Blue PPO - THREE		*				\$84.00	\$17.64		*			*			87	*	
		Medicare Blue PPO - TWO		*				\$84.00	\$17.64	*	*			*			87	*	
		Today's Option	Today's Options Basic				*	\$23.95	-										
		Today's Options Premier				*	\$37.95	-											
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*				*			97	*	
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-										
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*				*			97	*	
		COLUMBIA	HealthNow New York Inc.	Senior Blue 400	*				\$0.00	-									
				Senior Blue 401	*				\$30.00	-									
Traditional Blue Medicare PPO 201 Plus				*			\$65.00	-											
Senior Blue 402	*						\$95.00	\$77.95			*	*				88	*		
Traditional Blue Medicare PPO 202 Plus				*			\$115.00	\$77.95			*	*				88	*		
Senior Blue 406	*					\$125.00	\$107.15	*			*	*				88	*		
	Traditional Blue Medicare PPO 203 Enhanced			*			\$145.00	\$107.15	*					*			88	*	
	Today's Option		Today's Options Basic				*	\$23.95	-										
	Today's Options Premier					*	\$37.95	-											
	UnitedHealthcare Medicare Complete Choice		UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*				*			97	*
UnitedHealthcare Medicare Complete Choice				*			\$0.00	-											
UnitedHealthcareMedicareCompChoice Plus Rx				*			\$22.29	\$22.29	*				*			97	*		
CORTLAND		UnitedHealthcare of New York, Inc.	Evercare Plan H	*				\$25.09	\$25.09	*				*			97	*	
			Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		*			\$20.00	-									
	Medicare Blue PPO - THREE				*			\$44.00	\$21.13		*			*			87	*	
	Medicare Blue PPO - TWO				*			\$44.00	\$21.13	*				*			87	*	
	Today's Option			Today's Options Basic				*	\$23.95	-									
	Today's Options Premier					*	\$37.95	-											
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*				*			97	*	
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-										
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*				*			97	*	
		DELAWARE	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		*			\$40.00	-									
Medicare Blue PPO - THREE					*			\$64.00	\$17.54		*			*			87	*	
Medicare Blue PPO - TWO				*			\$64.00	\$17.54	*				*			87	*		
Today's Option	Today's Options Basic						*	\$23.95	-										
Today's Options Premier						*	\$37.95	-											
Touchstone Health Partnership	Medicare Dedicated		*				\$0.00	-											
	Medicare Value		*				\$25.00	\$0.00	*				*	*		96	*		
	Medicare Freedom		*				\$36.00	\$0.00	*				*	*		96	*		
	UnitedHealthcare Medicare Complete Choice		UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*				*			97	*
			UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
UnitedHealthcareMedicareCompChoice Plus Rx				*			\$22.29	\$22.29	*				*			97	*		

## New York Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan							Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap				
			HMO	Local PPO	Regional PPO	Private Fee-for-Service												
County	Organization Name	Plan Name							Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DUTCHESS	GHI Medicare Choice PPO	GHI Medicare PPO I		*				\$0.00	-					*				
		GHI Medicare PPO II		*				\$20.00	\$20.00	*				*			87	*
		GHI Medicare PPO III		*				\$30.00	\$30.00	*				*	*		87	*
	Today's Option	Today's Options Basic				*		\$23.95	-									
		Today's Options Premier				*		\$37.95	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*				*			97	*
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*				*			97	*
	UnitedHealthcare of New York, Inc.	Evercare Plan H	*					\$25.09	\$25.09	*				*			97	*
	WellCare	WellCare Choice	*					\$0.00	\$0.00	*				*			85	*
		WellCare Advance	*					\$0.00	-									
		WellCare Prescription Plus	*					\$0.00	\$0.00	*				*	*		85	*
		WellCare Select	*					\$7.46	\$7.46				*	*			85	*
		WellCare Access	*					\$25.84	\$25.84				*				85	*
ERIE	Excellus Health Plan, Inc.	SeniorChoice Value	*					\$0.00	-									
		SeniorChoice Select	*					\$15.00	-									
		SeniorChoice	*					\$22.88	\$22.88		*			*			87	*
		Univera Medicare PPO 103		*				\$30.00	-									
		Univera Medicare PPO 102		*				\$44.00	\$21.85		*	*		*			87	*
		SeniorChoice Secure	*					\$45.00	\$22.88	*				*			87	*
	HealthNow New York Inc.	Senior Blue 401	*					\$0.00	-									
		Traditional Blue Medicare PPO 201 Plus		*				\$35.00	-									
		Senior Blue 402	*					\$95.00	\$57.29				*	*			88	*
		Traditional Blue Medicare PPO 202 Plus		*				\$110.00	\$57.29				*	*			88	*
		Senior Blue 406	*					\$125.00	\$87.55	*				*			88	*
		Traditional Blue Medicare PPO 203 Enhanced		*				\$140.00	\$87.55	*				*			88	*
	Independent Health	Encompass 65 Basic	*					\$0.00	-									
		Encompass 65 Basic with Rx	*					\$0.00	\$0.00				*				88	
		Encompass 65	*					\$16.00	-									
		Encompass 65 with Rx	*					\$48.00	\$32.08				*				88	
		Encompass 65 Extra	*					\$55.00	\$46.93	*				*			90	
		Medicare Passport Plan PPO		*				\$60.00	\$32.08				*				88	
		Medicare Passport Plan PPO Premier		*				\$118.00	\$51.78	*				*			90	
	Today's Option	Today's Options Basic				*		\$23.95	-									
		Today's Options Premier				*		\$37.95	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*				*			97	*
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*				*			97	*
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Complete	*					\$0.00	-									
		UnitedHealthcare Medicare Complete Rx	*					\$0.00	\$0.00	*				*			97	*
		Evercare Plan H	*					\$25.09	\$25.09	*				*			97	*
		Evercare Plan DH	*					\$29.32	\$29.32	*				*			97	*

## New York Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
ESSEX	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		*					\$60.00	-							87	*
		Medicare Blue PPO - THREE		*					\$84.00	\$17.64		*		*			87	*
		Medicare Blue PPO - TWO		*					\$84.00	\$17.64	*			*				
		Today's Option				*			\$23.95	-								
		Today's Options Premier				*			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Plus Rx			*				\$22.29	\$22.29	*			*			97	*
		Medicare Blue PPO - ONE		*					\$60.00	-				*			87	*
		Medicare Blue PPO - THREE		*					\$84.00	\$17.64	*	*		*			87	*
FRANKLIN	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO		*					\$84.00	\$17.64	*			*			87	*
		Today's Option				*			\$23.95	-								
		Today's Options Premier				*			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Plus Rx			*				\$22.29	\$22.29	*			*			97	*
	FULTON	Medicare Blue PPO - ONE		*					\$40.00	-				*			87	*
		Medicare Blue PPO - THREE		*					\$64.00	\$17.54	*	*		*			87	*
		Medicare Blue PPO - TWO		*					\$64.00	\$17.54	*			*				
	HealthNow New York Inc.	Senior Blue 400	*						\$0.00	-								
		Senior Blue 401	*						\$30.00	-								
		Traditional Blue Medicare PPO 201 Plus		*					\$65.00	-								
		Senior Blue 402	*						\$95.00	\$77.95			*	*			88	*
		Traditional Blue Medicare PPO 202 Plus		*					\$115.00	\$77.95			*	*			88	*
		Senior Blue 406	*						\$125.00	\$107.15	*			*			88	*
		Traditional Blue Medicare PPO 203 Enhanced		*					\$145.00	\$107.15	*			*			88	*
	Today's Option	Today's Options Basic				*			\$23.95	-								
		Today's Options Premier				*			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Plus Rx			*				\$22.29	\$22.29	*			*			97	*

## New York Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost					Coverage				Convenience			
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
County	Organization Name	Plan Name																Mail Order Offered		
GENESEE	Excellus Health Plan, Inc.	SeniorChoice Value	•					\$0.00	-											
		SeniorChoice Select	•					\$15.00	-											
		Univera Medicare PPO 103		•				\$30.00	-											
		Univera Medicare PPO 102		•				\$44.00	\$21.85				•				87	•		
		SeniorChoice Secure	•					\$45.00	\$22.88	•			•				87	•		
	HealthNow New York Inc.	Senior Blue 401	•					\$0.00	-											
		Traditional Blue Medicare PPO 201 Plus		•					\$35.00	-										
		Senior Blue 402	•						\$95.00	\$57.29			•	•				88	•	
		Traditional Blue Medicare PPO 202 Plus		•				\$110.00	\$57.29			•	•					88	•	
		Senior Blue 406	•					\$125.00	\$87.55	•			•					88	•	
		Traditional Blue Medicare PPO 203 Enhanced			•				\$140.00	\$87.55	•			•					88	•
	Independent Health	Encompass 65 Basic	•						\$0.00	-										
		Encompass 65 Basic with Rx	•						\$0.00	\$0.00			•						88	
		Encompass 65	•						\$16.00	-										
		Encompass 65 with Rx	•						\$48.00	\$32.08			•						88	
		Encompass 65 Extra	•						\$55.00	\$46.93	•			•					90	
		Medicare Passport Plan PPO			•				\$60.00	\$32.08			•						88	
		Medicare Passport Plan PPO Premier			•				\$118.00	\$51.78	•			•					90	
		Preferred Care Gold	•						\$16.43	-										
		Preferred Care GoldRx	•						\$52.00	\$35.60	•			•					97	•
	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere			•				\$75.00	-										
		Preferred Care GoldAnywhereRx			•				\$110.00	\$35.39	•			•					97	•
		Today's Option	Today's Options Basic				•		\$23.95	-										
		Today's Options Premier				•			\$37.95	-										
		UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx				•		\$0.00	\$0.00	•			•					97	•
			UnitedHealthcare Medicare Complete Choice				•		\$0.00	-										
			UnitedHealthcareMedicareCompChoice Plus Rx				•		\$22.29	\$22.29	•			•					97	•
		UnitedHealthcare of New York, Inc.	Evercare Plan H	•					\$25.09	\$25.09	•			•					97	•
	GREENE	HealthNow New York Inc.	Senior Blue 400	•					\$0.00	-										
			Senior Blue 401	•					\$30.00	-										
Traditional Blue Medicare PPO 201 Plus				•					\$65.00	-										
		Senior Blue 402	•					\$95.00	\$77.95			•	•					88	•	
		Traditional Blue Medicare PPO 202 Plus		•				\$115.00	\$77.95			•	•					88	•	
		Senior Blue 406	•					\$125.00	\$107.15	•			•					88	•	
		Traditional Blue Medicare PPO 203 Enhanced			•				\$145.00	\$107.15	•			•					88	•
Today's Option		Today's Options Basic				•			\$23.95	-										
		Today's Options Premier				•			\$37.95	-										
		UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx				•		\$0.00	\$0.00	•			•					97	•
			UnitedHealthcare Medicare Complete Choice				•		\$0.00	-										
			UnitedHealthcareMedicareCompChoice Plus Rx				•		\$22.29	\$22.29	•			•					97	•
WellCare	WellCare Advance	•						\$0.00	-											
	WellCare Prescription Plus	•						\$0.00	\$0.00	•			•	•				85	•	
	WellCare Choice	•						\$0.00	\$0.00			•	•					85	•	
	WellCare Select	•						\$7.46	\$7.46			•	•					85	•	
	WellCare Access	•						\$25.76	\$25.76			•						85	•	



## New York Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
HAMILTON	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		*				\$40.00	-				*					*	
		Medicare Blue PPO - THREE		*				\$64.00	\$17.54		*					87	*		
		Medicare Blue PPO - TWO		*				\$64.00	\$17.54	*			*			87	*		
		Today's Option	Today's Options Basic				*	\$23.95	-										
		Today's Options Premier				*	\$37.95	-											
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*			*				97	*	
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-										
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*				97	*	
	HERKIMER	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		*				\$0.00	-				*				87	*
			Medicare Blue PPO - THREE		*				\$24.00	\$22.78		*		*			87	*	
Medicare Blue PPO - TWO				*				\$24.00	\$22.78	*			*			87	*		
New York State Catholic Hlth Plan Inc		Fidelis Medicaid Advantage	*					\$34.01	\$34.01			*					95	*	
		Fidelis Medicare Advantage	*					\$39.00	-										
Today's Option		Fidelis M/c Advantage with Prescription Dr	*					\$72.53	\$33.53	*			*				95	*	
JEFFERSON	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		*				\$20.00	-				*					*	
		Medicare Blue PPO - THREE		*				\$44.00	\$21.13		*		*			87	*		
		Medicare Blue PPO - TWO		*				\$44.00	\$21.13	*			*			87	*		
		Today's Option	Today's Options Basic				*	\$23.95	-										
		Today's Options Premier				*	\$37.95	-											
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*			*				97	*	
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-										
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*				97	*	
	UnitedHealthcare of New York, Inc.	Evercare Plan H	*					\$25.09	\$25.09	*			*					97	*

## New York Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
KINGS	Aetna Medicare	Aetna Golden Medicare Basic Plan	•					\$0.00	-									
		Aetna Golden Medicare Value Plan	•					\$0.00	\$0.00	•				•			85	•
		Aetna Golden Medicare Standard Plan w/Rx	•					\$40.00	\$36.71	•				•	•		85	•
		Aetna Golden Medicare Premier Plan	•					\$65.00	\$58.39	•				•	•		97	•
	AmeriChoice Personal Care Plus	AmeriChoice Personal Care Plus	•					\$22.49	\$22.49			•					80	
	Elderplan, Inc.	Elderplan, INC					•	\$0.00	\$0.00	•				•		•	97	•
	Empire BlueCross BlueShield	Senior Plan Direct PPO Plus		•				\$45.00	\$29.00	•				•			95	•
	Empire BlueCross BlueShield HMO	Senior Plan Direct Plus	•					\$0.00	\$0.00	•				•			95	•
	GHI Medicare Choice PPO	GHI Medicare PPO Prime		•				\$0.00	-					•				
		GHI Medicare PPO Plus		•				\$0.00	\$0.00	•				•			87	•
		GHI Medicare PPO Premier		•				\$0.00	\$0.00	•				•	•		87	•
		GHI Medicare PPO Value		•				\$22.46	\$22.46			•		•			87	•
	Health Net Of NY	Health Net SmartChoice for New York	•					\$0.00	\$0.00	•				•			97	•
		Health Net SmartChoice for NY	•					\$0.00	-					•				
		Health Net SmartChoice for NY	•					\$17.02	\$17.02			•		•			97	•
		Health Net SmartChoice POS for NY	•					\$30.00	\$17.61	•				•			97	•
	Healthfirst Medicare Plan	Coordinated Benefits Plan	•					\$0.00	-					•				
		Healthfirst 65 Plus Plan	•					\$0.00	\$0.00	•				•			77	•
		Healthfirst Increased Benefits Plan	•					\$29.83	\$29.83			•		•			77	•
		Healthfirst Life Improvement Plan	•					\$29.83	\$29.83			•		•			86	•
		Healthfirst Maximum Plan	•					\$29.83	\$29.83			•		•			86	•
	Healthfirst PPO	Healthfirst PPO Complete Plan		•				\$103.41	\$30.79	•				•			77	•
	HIP Health Plan of Greater New York	Open Access A	•					\$0.00	\$0.00	•				•			88	•
		Standard A	•					\$0.00	\$0.00	•				•			88	•
		RX Carveout	•					\$0.00	-					•				
		Part B Only	•					\$48.87	\$48.87			•		•			88	•
	Hip Insurance Company Of New York	HIP PPO		•				\$54.70	\$40.70			•		•			88	•
	Liberty Health Advantage, Inc.	Preferred Choice	•					\$0.00	\$0.00	•				•	•		97	
		Dual Power - NYC	•					\$29.83	\$29.83			•		•			97	
	Neighborhood Health Providers	Neighborhood Medicare Plus	•					\$0.00	-					•				
		Neighborhood Medicare Supreme	•					\$27.21	\$27.21			•		•			93	•
		Neighborhood Medicare Plus Rx	•					\$29.83	\$29.83			•		•			94	•
	Oxford Medicare Advantage	Oxford Medicare Advantage Balance	•					\$0.00	\$0.00	•				•			97	•
		Oxford Medicare Advantage Mosaic	•					\$0.00	\$0.00	•				•			97	•
		Oxford Medicare Advantage Signature	•					\$0.00	\$0.00	•				•			97	•
		Oxford Medicare Advantage Essential	•					\$0.00	-					•				
		Oxford Medicare Advantage Select	•					\$24.90	\$24.90	•				•			97	•
	Touchstone Health Partnership	Medicare Value	•					\$0.00	\$0.00	•				•	•		96	•
		Medicare Dedicated	•					\$0.00	-					•				
		Medicare Enhanced	•					\$0.00	-					•				
		Medicare Total Advantage	•					\$31.00	\$30.90	•				•	•		96	•
		Medicare Freedom	•					\$50.00	\$0.00	•				•	•		96	•
	United Healthcare Insurance Co. of New York, Inc.	UnitedHealthcare Medicare Comp Choice Rx		•				\$23.00	\$0.00	•				•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•				•			97	•
		UnitedHealthcare Medicare Complete Choice			•			\$0.00	-					•				
		UnitedHealthcareMedicareCompChoice Plus Rx			•			\$22.29	\$22.29	•				•			97	•
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Comp Plan 1Rx	•					\$0.00	\$0.00	•				•			97	•
		UnitedHealthcare Medicare Comp Plan 3 Rx	•					\$0.00	\$0.00	•				•			97	•
		Evercare Plan H	•					\$25.09	\$25.09	•				•			97	•

## New York Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan									Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service						Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*				Includes Tiered Copayments for Drugs				Mail Order Offered	
KINGS	WellCare	WellCare Choice	•						\$0.00	\$0.00	•			•	•		85	•	
		WellCare Evergreen	•						\$0.00	\$0.00	•			•	•		85	•	
		WellCare Dividend	•						\$0.00	-				•					
		WellCare Passport	•						\$0.00	\$0.00	•			•			85	•	
		WellCare Select	•						\$7.46	\$7.46			•	•			85	•	
		WellCare Access	•						\$25.86	\$25.86			•				85	•	
		Medicare Blue PPO - ONE		•						\$20.00					•			87	•
LEWIS	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE		•					\$44.00	\$21.13		•		•			87	•	
		Medicare Blue PPO - TWO		•					\$44.00	\$21.13	•			•			87	•	
		Today's Option				•			\$23.95	-									
		Today's Options Basic				•			\$23.95	-									
		Today's Options Premier				•			\$37.95	-									
		UnitedHealthcare Medicare Complete Choice Rx			•				\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
LIVINGSTON	Excellus Health Plan, Inc.	UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29	•			•			97	•	
		Medicare Blue Choice Value	•						\$10.00	-									
		Medicare Blue Choice Platinum	•						\$25.00	-									
		Medicare Blue PPO - Plan 101		•					\$60.00	-									
		Medicare Blue Choice Optimum	•						\$69.00	\$24.10	•			•			87	•	
		Medicare Blue PPO - Plan 201		•					\$74.00	\$23.83		•		•			87	•	
		Blue Choice Senior					•		\$132.04	\$24.54	•			•			87	•	
	Preferred Care Gold	Preferred Care Gold	•						\$16.43	-									
		Preferred Care GoldRx	•						\$52.00	\$35.60	•			•			97	•	
		Preferred Care GoldAnywhere		•					\$75.00	-									
		Preferred Care GoldAnywhereRx		•					\$110.00	\$35.39	•			•			97	•	
		Today's Option				•			\$23.95	-									
		Today's Options Basic				•			\$23.95	-									
		Today's Options Premier				•			\$37.95	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice Rx			•				\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29	•			•			97	•	
		Medicare Blue PPO - ONE		•					\$0.00	-									
		Medicare Blue PPO - THREE		•					\$24.00	\$22.78		•		•			87	•	
		Medicare Blue PPO - TWO		•					\$24.00	\$22.78	•			•			87	•	
		Today's Option				•			\$23.95	-									
	UnitedHealthcare Medicare Complete Choice	Today's Options Basic				•			\$23.95	-									
		Today's Options Premier				•			\$37.95	-									
		UnitedHealthcare Medicare Complete Choice Rx			•				\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29	•			•			97	•	
		Medicare Blue PPO - ONE		•					\$0.00	-									
		Medicare Blue PPO - THREE		•					\$24.00	\$22.78		•		•			87	•	
	Today's Option	Medicare Blue PPO - TWO		•					\$24.00	\$22.78	•			•			87	•	
		Today's Options Basic				•			\$23.95	-									
		Today's Options Premier				•			\$37.95	-									
		UnitedHealthcare Medicare Complete Choice Rx			•				\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29	•			•			97	•	
		Medicare Blue PPO - ONE		•					\$0.00	-									

## New York Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
MONROE	Excellus Health Plan, Inc.	Medicare Blue Choice Value	•						\$10.00	-								
		Medicare Blue Choice Platinum	•						\$25.00	-								
		Medicare Blue PPO - Plan 101		•					\$60.00	-								
		Medicare Blue Choice Optimum	•						\$69.00	\$24.10	•			•			87	•
			Medicare Blue PPO - Plan 201		•				\$74.00	\$23.83		•		•			87	•
			Blue Choice Senior					•	\$132.04	\$24.54	•			•			87	•
	HealthNow New York Inc.	HealthNow Medicare Secure HMO 4.1	•						\$20.00	-								
		HealthNow Medicare Secure PPO 2.1		•					\$50.00	-								
		HealthNow Medicare Secure HMO 4.2	•						\$95.00	\$77.15			•				88	•
		HealthNow Medicare Secure PPO 2.2		•					\$125.00	\$77.15			•				88	•
	Preferred Care Gold	Preferred Care Gold	•						\$16.43	-								
		Preferred Care GoldRx	•						\$52.00	\$35.60	•			•			97	•
	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere			•				\$75.00	-								
		Preferred Care GoldAnywhereRx			•				\$110.00	\$35.39	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx				•			\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice				•			\$0.00	-								
			UnitedHealthcareMedicareCompChoice Plus Rx			•			\$22.29	\$22.29	•			•			97	•
	UnitedHealthcare of New York, Inc. WellCare	Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
		WellCare Choice	•						\$0.00	\$0.00	•			•			85	•
		WellCare Prescription Plus	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Dividend	•						\$0.00	-								
		WellCare Select	•						\$7.46	\$7.46			•	•			85	•
		WellCare Access	•						\$25.83	\$25.83			•				85	•
			Medicare Blue PPO - ONE		•				\$40.00	-								
MONTGOMERY	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE		•				\$64.00	\$17.54			•		•			87	•
		Medicare Blue PPO - TWO		•				\$64.00	\$17.54	•			•			87	•	
		Senior Blue 400	•					\$0.00	-									
		Senior Blue 401	•					\$30.00	-									
	HealthNow New York Inc.	Traditional Blue Medicare PPO 201 Plus		•				\$65.00	-									
		Senior Blue 402	•					\$95.00	\$77.95			•	•			88	•	
		Traditional Blue Medicare PPO 202 Plus		•				\$115.00	\$77.95			•	•			88	•	
		Senior Blue 406	•					\$125.00	\$107.15	•			•			88	•	
		Traditional Blue Medicare PPO 203 Enhanced		•				\$145.00	\$107.15	•			•			88	•	
New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage	•						\$39.00	-									
	Fidelis M/c Advantage with Prescription Dr	•						\$72.53	\$33.53	•			•			95	•	
Today's Option	Today's Options Basic				•			\$23.95	-									
	Today's Options Premier				•			\$37.95	-									
UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•	
	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			•			\$22.29	\$22.29	•			•			97	•	

## New York Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
NASSAU	Empire BlueCross BlueShield	Senior Plan Direct PPO		*				\$54.00										
		Senior Plan Direct PPO Plus		*				\$83.00	\$29.00	*			*				95	*
	Empire BlueCross BlueShield HMO	Senior Plan Direct Plus	*					\$31.00	\$29.00	*			*				95	*
	GHI Medicare Choice PPO	GHI Medicare PPO I		*				\$0.00	-									
		GHI Medicare PPO II		*				\$20.00	\$20.00	*			*				87	*
		GHI Medicare PPO III		*				\$30.00	\$30.00	*			*	*			87	*
	HIP Health Plan of Greater New York	Open Access A	*					\$0.00	\$0.00	*			*				88	*
		Standard A	*					\$0.00	\$0.00	*			*				88	*
		RX Carveout	*					\$19.00	-									
		Part B Only	*					\$48.87	\$48.87			*	*				88	*
	Hip Insurance Company Of New York	HIP PPO		*				\$54.71	\$40.70			*	*				88	*
	Liberty Health Advantage, Inc.	Preferred Choice	*					\$0.00	\$0.00	*			*	*			97	
		Dual Power - Nassau	*					\$29.83	\$29.83			*					97	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*			*				97	*
		UnitedHealthcare Medicare Complete Choice				*		\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*				97	*
	UnitedHealthcare of New York, Inc.	Evercare Plan H	*					\$25.09	\$25.09	*			*				97	*
NEW YORK	Aetna Medicare	Aetna Golden Medicare Value Plan	*					\$0.00	\$0.00			*	*				85	*
		Aetna Golden Medicare Standard Plan w/Rx	*					\$40.00	\$35.83	*			*				85	*
		Aetna Golden Medicare Premier Plan	*					\$65.00	\$58.39	*			*	*			97	*
	Elderplan, Inc.	Elderplan, INC					*	\$0.00	\$0.00	*			*		*		97	*
	Empire BlueCross BlueShield	Senior Plan Direct PPO Plus		*				\$45.00	\$29.00	*			*				95	*
	Empire BlueCross BlueShield HMO	Senior Plan Direct Plus	*					\$0.00	\$0.00	*			*				95	*
	GHI Medicare Choice PPO	GHI Medicare PPO Prime		*				\$0.00	-									
		GHI Medicare PPO Plus		*				\$0.00	\$0.00	*			*				87	*
		GHI Medicare PPO Premier		*				\$0.00	\$0.00	*			*	*			87	*
		GHI Medicare PPO Value		*				\$22.46	\$22.46			*					87	*
	Healthfirst Medicare Plan	Coordinated Benefits Plan	*					\$0.00					*				77	*
		Healthfirst 65 Plus Plan	*					\$0.00	\$0.00	*			*				77	*
		Healthfirst Increased Benefits Plan	*					\$29.83	\$29.83			*					86	*
		Healthfirst Life Improvement Plan	*					\$29.83	\$29.83			*					86	*
		Healthfirst Maximum Plan	*					\$29.83	\$29.83			*					86	*
	Healthfirst PPO	Healthfirst PPO Complete Plan		*				\$103.41	\$30.79	*			*				77	*
	HIP Health Plan of Greater New York	Open Access A	*					\$0.00	\$0.00	*			*				88	*
		Standard A	*					\$0.00	\$0.00	*			*				88	*
		RX Carveout	*					\$0.00	-									
		Part B Only	*					\$48.87	\$48.87			*	*				88	*
	Hip Insurance Company Of New York	HIP PPO		*				\$54.70	\$40.70			*	*				88	*
	Liberty Health Advantage, Inc.	Preferred Choice	*					\$0.00	\$0.00	*			*	*			97	
		Dual Power - NYC	*					\$29.83	\$29.83			*					97	
	Neighborhood Health Providers	Neighborhood Medicare Plus	*					\$0.00	-									
		Neighborhood Medicare Supreme	*					\$27.21	\$27.21			*					93	*
		Neighborhood Medicare Plus Rx	*					\$29.83	\$29.83			*					94	*
	Oxford Medicare Advantage	Oxford Medicare Advantage Balance	*					\$0.00	\$0.00	*			*				97	*
		Oxford Medicare Advantage Mosaic	*					\$0.00	\$0.00	*			*				97	*
		Oxford Medicare Advantage Signature	*					\$0.00	\$0.00	*			*				97	*
		Oxford Medicare Advantage Essential	*					\$0.00	-									
		Oxford Medicare Advantage Select	*					\$24.90	\$24.90	*			*				97	*
	United Healthcare Insurance Co. of New York, Inc.	UnitedHealthcare Medicare Comp Choice Rx		*				\$23.00	\$0.00	*			*				97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*			*				97	*
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*				97	*

## New York Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).  
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan									Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered	
NEW YORK	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Comp Plan 1Rx	•						\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcare Medicare Comp Plan 3 Rx	•						\$0.00	\$0.00	•			•			97	•	
		Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•	
	WellCare	WellCare Choice	•						\$0.00	\$0.00	•			•	•		85	•	
		WellCare Evergreen	•						\$0.00	\$0.00	•			•	•		85	•	
		WellCare Dividend	•						\$0.00	-				•					
		WellCare Passport	•						\$0.00	\$0.00	•			•			85	•	
		WellCare Select	•						\$7.46	\$7.46			•	•			85	•	
		WellCare Access	•						\$25.86	\$25.86			•	•			85	•	
		WellCare Liberty	•						\$25.86	\$25.86			•	•			85	•	
NIAGARA	Excellus Health Plan, Inc.	SeniorChoice Value	•						\$0.00	-				•					
		SeniorChoice Select	•						\$15.00	-				•					
		Univera Medicare PPO 103		•					\$30.00	-				•					
		Univera Medicare PPO 102		•					\$44.00	\$21.85				•			87	•	
		SeniorChoice Secure	•						\$45.00	\$22.88	•	•		•			87	•	
	HealthNow New York Inc.	Senior Blue 401	•						\$0.00	-				•					
		Traditional Blue Medicare PPO 201 Plus		•					\$35.00	-				•					
		Senior Blue 402	•						\$95.00	\$57.29				•			88	•	
		Traditional Blue Medicare PPO 202 Plus		•					\$110.00	\$57.29				•			88	•	
		Senior Blue 406	•						\$125.00	\$87.55	•			•			88	•	
		Traditional Blue Medicare PPO 203 Enhanced		•					\$140.00	\$87.55	•			•			88	•	
	Independent Health	Encompass 65 Basic	•						\$0.00	-				•					
		Encompass 65 Basic with Rx	•						\$0.00	\$0.00				•			88		
		Encompass 65	•						\$16.00	-				•					
		Encompass 65 with Rx	•						\$48.00	\$32.08				•			88		
		Encompass 65 Extra	•						\$55.00	\$46.93	•			•			90		
		Medicare Passport Plan PPO		•					\$60.00	\$32.08				•			88		
		Medicare Passport Plan PPO Premier		•					\$118.00	\$51.78	•			•			90		
	Today's Option	Today's Options Basic				•			\$23.95	-				•					
		Today's Options Premier				•			\$37.95	-				•					
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-				•					
		UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29	•			•			97	•	
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•	
		Evercare Plan DH	•						\$29.32	\$29.32	•			•			97	•	

## New York Medicare Advantage, Cost Plans, and Demonstrations

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			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service												
County	Organization Name	Plan Name																Mail Order Offered
ONEIDA	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		*				\$0.00	-								87	*
		Medicare Blue PPO - THREE		*				\$24.00	\$22.78		*		*		*		87	*
		Medicare Blue PPO - TWO		*				\$24.00	\$22.78	*				*			87	*
	New York State Catholic Hlth Plan Inc	Fidelis Medicaid Advantage	*					\$34.01	\$34.01				*				95	*
		Fidelis Medicare Advantage	*					\$39.00	-									
		Fidelis M/c Advantage with Prescription Dr	*					\$72.53	\$33.53	*				*			95	*
	Today's Option	Today's Options Basic				*		\$23.95	-									
		Today's Options Premier				*		\$37.95	-									
	United Healthcare Insurance Co. of New York, Inc.	UnitedHealthcare Medicare Comp Choice Rx		*				\$29.00	\$9.00	*				*			97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*				*			97	*
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*				*			97	*
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Complete	*					\$0.00	-									
		UnitedHealthcare Medicare Complete Rx	*					\$0.00	\$0.00	*				*			97	*
		Evercare Plan H	*					\$25.09	\$25.09	*				*			97	*
ONONDAGA	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		*				\$20.00	-									
		Medicare Blue PPO - THREE		*				\$44.00	\$21.13		*			*			87	*
		Medicare Blue PPO - TWO		*				\$44.00	\$21.13	*				*			87	*
	Today's Option	Today's Options Basic				*		\$23.95	-									
		Today's Options Premier				*		\$37.95	-									
	Touchstone Health Partnership	Medicare Dedicated	*					\$0.00	-									
		Medicare Value	*					\$25.00	\$0.00	*				*	*		96	*
		Medicare Freedom	*					\$36.00	\$0.00	*				*	*		96	*
	United Healthcare Insurance Co. of New York, Inc.	UnitedHealthcare Medicare Comp Choice Rx		*				\$29.00	\$9.00	*				*			97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*				*			97	*
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*				*			97	*
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Complete	*					\$0.00	-									
		UnitedHealthcare Medicare Complete Rx	*					\$0.00	\$0.00	*				*			97	*
		Evercare Plan H	*					\$25.09	\$25.09	*				*			97	*
ONTARIO	Excellus Health Plan, Inc.	Medicare Blue Choice Value	*					\$10.00	-									
		Medicare Blue Choice Platinum	*					\$25.00	-									
		Medicare Blue PPO - Plan 101		*				\$60.00	-									
		Medicare Blue Choice Optimum	*					\$69.00	\$24.10	*				*			87	*
		Medicare Blue PPO - Plan 201		*				\$74.00	\$23.83		*		*				87	*
		Blue Choice Senior					*	\$132.04	\$24.54	*				*			87	*
	Preferred Care Gold	Preferred Care Gold	*					\$16.43	-									
		Preferred Care GoldRx	*					\$52.00	\$35.60	*				*			97	*
	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere		*				\$75.00	-									
		Preferred Care GoldAnywhereRx		*				\$110.00	\$35.39	*				*			97	*
	Today's Option	Today's Options Basic				*		\$23.95	-									
		Today's Options Premier				*		\$37.95	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*				*			97	*
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*				*			97	*

## New York Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
ORANGE	GHI Medicare Choice PPO	GHI Medicare PPO I		*				\$0.00	-					*			87	*
		GHI Medicare PPO II		*				\$20.00	\$20.00	*				*			87	*
		GHI Medicare PPO III		*				\$30.00	\$30.00	*				*	*		87	*
	Oxford Medicare Advantage	Oxford Medicare Advantage Balance	*					\$0.00	\$0.00	*				*			97	*
		Oxford Medicare Advantage Signature	*					\$0.00	\$0.00	*				*			97	*
		Oxford Medicare Advantage Essential	*					\$0.00	-									
	Touchstone Health Partnership	Medicare Dedicated	*					\$0.00	-									
		Medicare Value	*					\$35.00	\$0.00	*				*	*		96	*
		Medicare Freedom	*					\$53.00	\$0.00	*				*	*		96	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*				*			97	*
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*				*			97	*
	UnitedHealthcare of New York, Inc.	Evercare Plan H	*					\$25.09	\$25.09	*				*			97	*
	WellCare	WellCare Choice	*					\$0.00	\$0.00	*				*			85	*
		WellCare Advance	*					\$0.00	-									
		WellCare Prescription Plus	*					\$0.00	\$0.00	*				*	*		85	*
		WellCare Select	*					\$7.46	\$7.46			*	*				85	*
		WellCare Access	*					\$25.84	\$25.84			*	*				85	*
ORLEANS	Excellus Health Plan, Inc.	SeniorChoice Value	*					\$0.00	-									
		SeniorChoice Select	*					\$15.00	-									
		Univera Medicare PPO 103		*				\$30.00	-									
		Univera Medicare PPO 102		*				\$44.00	\$21.85		*		*				87	*
		SeniorChoice Secure	*					\$45.00	\$22.88	*			*				87	*
	HealthNow New York Inc.	Senior Blue 401	*					\$0.00	-									
		Traditional Blue Medicare PPO 201 Plus		*				\$35.00	-									
		Senior Blue 402	*					\$95.00	\$57.29			*	*				88	*
		Traditional Blue Medicare PPO 202 Plus		*				\$110.00	\$57.29			*	*				88	*
		Senior Blue 406	*					\$125.00	\$87.55	*			*				88	*
		Traditional Blue Medicare PPO 203 Enhanced		*				\$140.00	\$87.55	*			*				88	*
	Independent Health	Encompass 65 Basic	*					\$0.00	-									
		Encompass 65 Basic with Rx	*					\$0.00	\$0.00			*					88	
		Encompass 65	*					\$16.00	-									
		Encompass 65 with Rx	*					\$48.00	\$32.08			*					88	
		Encompass 65 Extra	*					\$55.00	\$46.93	*			*				90	
		Medicare Passport Plan PPO		*				\$60.00	\$32.08			*					88	
		Medicare Passport Plan PPO Premier		*				\$118.00	\$51.78	*			*				90	
	Preferred Care Gold	Preferred Care Gold	*					\$16.43	-					*				
		Preferred Care GoldRx	*					\$52.00	\$35.60	*				*			97	*
	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere		*				\$75.00	-					*				
		Preferred Care GoldAnywhereRx		*				\$110.00	\$35.39	*				*			97	*
	Today's Option	Today's Options Basic				*		\$23.95	-									
		Today's Options Premier				*		\$37.95	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*				*			97	*
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*				*			97	*
	UnitedHealthcare of New York, Inc.	Evercare Plan H	*					\$25.09	\$25.09	*				*			97	*



## New York Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
OSWEGO	Excelsus Health Plan, Inc.	Medicare Blue PPO - ONE		*				\$20.00											
		Medicare Blue PPO - THREE		*				\$44.00	\$21.13		*						87	*	
		Medicare Blue PPO - TWO		*				\$44.00	\$21.13	*		*					87	*	
		Today's Option	Today's Options Basic				*	\$23.95	-										
		Today's Options Premier				*	\$37.95	-											
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx				*		\$0.00	\$0.00	*				*			97	*	
		UnitedHealthcare Medicare Complete Choice				*		\$0.00	-										
		UnitedHealthcareMedicareCompChoice Plus Rx				*		\$22.29	\$22.29	*				*			97	*	
		UnitedHealthcare of New York, Inc.	Evercare Plan H	*			*	\$25.09	\$25.09	*				*			97	*	
	OTSEGO	Excelsus Health Plan, Inc.	Medicare Blue PPO - ONE		*				\$40.00	-								87	*
Medicare Blue PPO - THREE				*				\$64.00	\$17.54		*	*		*			87	*	
Medicare Blue PPO - TWO				*				\$64.00	\$17.54	*				*			87	*	
Today's Option			Today's Options Basic				*	\$23.95	-										
Today's Options Premier						*	\$37.95	-											
UnitedHealthcare Medicare Complete Choice		UnitedHealthcare Medicare Comp Choice Rx				*		\$0.00	\$0.00	*				*			97	*	
		UnitedHealthcare Medicare Complete Choice				*		\$0.00	-										
	UnitedHealthcareMedicareCompChoice Plus Rx				*		\$22.29	\$22.29	*				*			97	*		
PUTNAM	GHI Medicare Choice PPO	GHI Medicare PPO I		*				\$0.00	-								87	*	
		GHI Medicare PPO II		*				\$20.00	\$20.00	*				*			87	*	
		GHI Medicare PPO III		*				\$30.00	\$30.00	*				*	*		87	*	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx				*		\$0.00	\$0.00	*				*			97	*	
		UnitedHealthcare Medicare Complete Choice				*		\$0.00	-										
		UnitedHealthcareMedicareCompChoice Plus Rx				*		\$22.29	\$22.29	*				*			97	*	
		UnitedHealthcare of New York, Inc.	Evercare Plan H	*				\$25.09	\$25.09	*				*			97	*	
QUEENS	Aetna Medicare	Aetna Golden Medicare Value Plan	*					\$0.00	\$0.00			*	*				85	*	
		Aetna Golden Medicare Standard Plan w/Rx	*					\$40.00	\$35.83	*			*				85	*	
		Aetna Golden Medicare Premier Plan	*					\$65.00	\$58.39	*			*	*			97	*	
		AmeriChoice Personal Care Plus	*					\$22.49	\$22.49			*					80		
	Elderplan, Inc.	Elderplan, INC						\$0.00	\$0.00	*			*		*		97	*	
	Empire BlueCross BlueShield	Senior Plan Direct PPO Plus		*				\$45.00	\$29.00	*			*				95	*	
	Empire BlueCross BlueShield HMO	Senior Plan Direct Plus	*					\$0.00	\$0.00	*			*				95	*	
	GHI Medicare Choice PPO	GHI Medicare PPO Prime		*				\$0.00	-				*						
		GHI Medicare PPO Plus		*				\$0.00	\$0.00	*			*				87	*	
		GHI Medicare PPO Premier		*				\$0.00	\$0.00	*			*	*			87	*	
		GHI Medicare PPO Value		*				\$22.46	\$22.46			*					87	*	
		Health Net Of NY	Health Net SmartChoice for New York	*					\$0.00	\$0.00	*			*				97	*
		Health Net SmartChoice for NY	*					\$0.00	-										
		Health Net SmartChoice for NY	*					\$17.02	\$17.02			*					97	*	
		Health Net SmartChoice POS for NY	*					\$30.00	\$17.61	*			*				97	*	
	Healthfirst Medicare Plan	Coordinated Benefits Plan	*						\$0.00	-				*					
		Healthfirst 65 Plus Plan	*						\$0.00	\$0.00	*			*				77	*
		Healthfirst Increased Benefits Plan	*						\$29.83	\$29.83			*					77	*
		Healthfirst Life Improvement Plan	*						\$29.83	\$29.83			*					86	*
		Healthfirst Maximum Plan	*						\$29.83	\$29.83			*					86	*
		Healthfirst PPO	Healthfirst PPO Complete Plan		*				\$103.41	\$30.79	*			*				77	*
		HIP Health Plan of Greater New York	Open Access A	*					\$0.00	\$0.00	*			*				88	*
			Standard A	*					\$0.00	\$0.00	*			*				88	*
RX Carveout			*					\$0.00	-										
		Part B Only	*					\$48.87	\$48.87	*			*				88	*	
	HIP PPO		*				\$54.70	\$40.70	*			*				88	*		

## New York Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
QUEENS	Liberty Health Advantage, Inc.	Preferred Choice	*					\$0.00	\$0.00	*	Reduced		*	*			97	
		Dual Power - NYC	*					\$29.83	\$29.83			*					97	
	Neighborhood Health Providers	Neighborhood Medicare Plus	*					\$0.00										
		Neighborhood Medicare Supreme	*					\$27.21	\$27.21			*					93	*
		Neighborhood Medicare Plus Rx	*					\$29.83	\$29.83			*					94	*
	Oxford Medicare Advantage	Oxford Medicare Advantage Balance	*					\$0.00	\$0.00	*			*				97	*
		Oxford Medicare Advantage Mosaic	*					\$0.00	\$0.00	*			*				97	*
		Oxford Medicare Advantage Signature	*					\$0.00	\$0.00	*			*				97	*
		Oxford Medicare Advantage Essential	*					\$0.00	-				*					
		Oxford Medicare Advantage Select	*					\$24.90	\$24.90	*			*				97	*
	Touchstone Health Partnership	Medicare Value	*					\$0.00	\$0.00	*			*	*			96	*
		Medicare Dedicated	*					\$0.00	-				*					
		Medicare Enhanced	*					\$0.00	-				*					
		Medicare Total Advantage	*					\$31.00	\$30.90	*			*	*			96	*
		Medicare Freedom	*					\$50.00	\$0.00	*			*	*			96	*
	United Healthcare Insurance Co. of New York, Inc.	UnitedHealthcare Medicare Comp Choice Rx		*				\$23.00	\$0.00	*			*				97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*			*				97	*
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*				97	*
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Comp Plan 1Rx	*					\$0.00	\$0.00	*			*				97	*
		UnitedHealthcare Medicare Comp Plan 3 Rx	*					\$0.00	\$0.00	*			*				97	*
		Evercare Plan H	*					\$25.09	\$25.09	*			*				97	*
	WellCare	WellCare Choice	*					\$0.00	\$0.00	*			*	*			85	*
		WellCare Evergreen	*					\$0.00	\$0.00	*			*	*			85	*
		WellCare Dividend	*					\$0.00	-				*					
		WellCare Passport	*					\$0.00	\$0.00	*			*				85	*
		WellCare Select	*					\$7.46	\$7.46			*	*				85	*
		WellCare Access	*					\$25.86	\$25.86			*	*				85	*
RENSSELAER	CDPHP Medicare Choice	CDPHP Medicare Choice	*					\$40.00	-									
		CDPHP Medicare Choice with Part D	*					\$75.55	\$32.94	*			*				95	*
	HealthNow New York Inc.	Senior Blue 400	*					\$0.00	-									
		Senior Blue 401	*					\$30.00	-									
		Traditional Blue Medicare PPO 201 Plus		*				\$65.00	-									
		Senior Blue 402	*					\$95.00	\$77.95			*	*				88	*
		Traditional Blue Medicare PPO 202 Plus		*				\$115.00	\$77.95			*	*				88	*
		Senior Blue 406	*					\$125.00	\$107.15	*			*				88	*
		Traditional Blue Medicare PPO 203 Enhanced		*				\$145.00	\$107.15	*			*				88	*
	Today's Option	Today's Options Basic				*		\$23.95	-									
		Today's Options Premier				*		\$37.95	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*			*				97	*
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*				97	*
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Complete	*					\$0.00	-				*					
		UnitedHealthcare Medicare Complete Rx	*					\$0.00	\$0.00	*			*				97	*
		Evercare Plan H	*					\$25.09	\$25.09	*			*				97	*
		Evercare Plan DH	*					\$29.32	\$29.32	*			*				97	*
	WellCare	WellCare Advance	*					\$0.00	-				*					
		WellCare Choice	*					\$0.00	\$0.00	*			*	*			85	*
		WellCare Access	*					\$25.82	\$25.82			*	*				85	*

## New York Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
RICHMOND	Aetna Medicare	Aetna Golden Medicare Value Plan	*					\$0.00	\$0.00			*	*			85	*	
		Aetna Golden Medicare Standard Plan w/Rx	*					\$40.00	\$35.83	*		*				85	*	
		Aetna Golden Medicare Premier Plan	*					\$65.00	\$58.39	*		*	*			97	*	
	Elderplan, Inc.	Elderplan, INC					*	\$0.00	\$0.00	*		*		*		97	*	
	Empire BlueCross BlueShield	Senior Plan Direct PPO Plus		*				\$45.00	\$29.00	*		*				95	*	
	Empire BlueCross BlueShield HMO	Senior Plan Direct Plus	*					\$0.00	\$0.00	*		*				95	*	
	GHI Medicare Choice PPO	GHI Medicare PPO Prime		*				\$0.00	-			*						
		GHI Medicare PPO Plus		*				\$0.00	\$0.00	*		*				87	*	
		GHI Medicare PPO Premier		*				\$0.00	\$0.00	*		*	*			87	*	
		GHI Medicare PPO Value		*				\$22.46	\$22.46			*				87	*	
	Health Net Of NY	Health Net SmartChoice for New York	*					\$0.00	\$0.00	*		*				97	*	
		Health Net SmartChoice for NY	*					\$0.00	-			*						
		Health Net SmartChoice for NY	*					\$17.02	\$17.02			*				97	*	
		Health Net SmartChoice POS for NY	*					\$30.00	\$17.61	*		*				97	*	
	HIP Health Plan of Greater New York	Open Access A	*					\$0.00	\$0.00	*		*				88	*	
		Standard A	*					\$0.00	\$0.00	*		*				88	*	
		RX Carveout	*					\$0.00	-			*						
		Part B Only	*					\$48.87	\$48.87			*	*			88	*	
	Hip Insurance Company Of New York	HIP PPO	*	*				\$54.70	\$40.70			*	*			88	*	
	Liberty Health Advantage, Inc.	Preferred Choice	*					\$0.00	\$0.00	*		*	*			97		
		Dual Power - NYC	*					\$29.83	\$29.83			*	*			97		
	Oxford Medicare Advantage	Oxford Medicare Advantage Balance	*					\$0.00	\$0.00	*		*	*			97	*	
		Oxford Medicare Advantage Mosaic	*					\$0.00	\$0.00	*		*	*			97	*	
		Oxford Medicare Advantage Signature	*					\$0.00	\$0.00	*		*	*			97	*	
		Oxford Medicare Advantage Essential	*					\$0.00	-			*	*					
		Oxford Medicare Advantage Select	*					\$24.90	\$24.90	*		*	*			97	*	
	Touchstone Health Partnership	Medicare Value	*					\$0.00	\$0.00	*		*	*			96	*	
		Medicare Dedicated	*					\$0.00	-			*	*					
		Medicare Enhanced	*					\$0.00	-			*	*					
		Medicare Total Advantage	*					\$31.00	\$30.90	*		*	*			96	*	
		Medicare Freedom	*					\$50.00	\$0.00	*		*	*			96	*	
	United Healthcare Insurance Co. of New York, Inc.	UnitedHealthcare Medicare Comp Choice Rx		*				\$23.00	\$0.00	*		*	*			97	*	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*		*	*			97	*	
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-			*	*					
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*		*	*			97	*	
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Comp Plan 1Rx	*					\$0.00	\$0.00	*		*	*			97	*	
		Evercare Plan H	*					\$25.09	\$25.09	*		*	*			97	*	

## New York Medicare Advantage, Cost Plans, and Demonstrations

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Description								Cost					Coverage				Convenience			
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
County	Organization Name	Plan Name																Mail Order Offered		
ROCKLAND	Aetna Medicare	Aetna Golden Medicare Standard Plan	*						\$50.00	-										
		Aetna Golden Medicare Standard Plan w/Rx	*						\$75.00	\$31.78			*	*			85	*		
		Aetna Golden Choice Standard Plar		*					\$90.00	\$31.78			*	*			85	*		
		Aetna Golden Choice Premier Plan		*					\$110.00	\$58.39	*			*	*		97	*		
	Empire BlueCross BlueShield	Senior Plan Direct PPO		*					\$43.00	-										
		Senior Plan Direct PPO Plus		*					\$72.00	\$29.00	*			*			95	*		
	Empire BlueCross BlueShield HMO	Senior Plan Direct Plus	*						\$19.00	\$19.00	*			*			95	*		
		GHI Medicare Choice PPO		*					\$0.00	-										
			GHI Medicare PPO I		*				\$20.00	\$20.00	*			*				87	*	
			GHI Medicare PPO II		*				\$30.00	\$30.00	*			*	*			87	*	
			GHI Medicare PPO III		*				\$55.21	\$22.46			*					87	*	
			GHI Medicare PPO Value		*				\$0.00	\$0.00	*			*				97	*	
			Oxford Medicare Advantage		*				\$0.00	\$0.00	*			*				97	*	
			Oxford Medicare Advantage Signature		*				\$0.00	\$0.00	*			*				97	*	
	SARATOGA	UnitedHealthcare Medicare Complete Choice	Oxford Medicare Advantage Essential	*					\$0.00	-										
			UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*	
			UnitedHealthcare Medicare Complete Choice			*				\$0.00	-									
			UnitedHealthcareMedicareCompChoice Plus Rx			*				\$22.29	\$22.29	*			*			97	*	
		UnitedHealthcare of New York, Inc. WellCare	Evercare Plan H	*						\$25.09	\$25.09	*			*			97	*	
			WellCare Advance	*						\$0.00	-									
			WellCare Choice	*						\$0.00	\$0.00	*			*			85	*	
			WellCare Prescription Plus	*						\$0.00	\$0.00	*			*	*		85	*	
				WellCare Select	*					\$7.46	\$7.46			*	*				85	*
				WellCare Access	*						\$25.85	\$25.85			*	*			85	*
CDPHP Medicare Choice				*						\$40.00	-									
CDPHP Medicare Choice with Part D				*						\$75.55	\$32.94	*			*			95	*	
SARATOGA	HealthNow New York Inc.	Senior Blue 400	*						\$0.00	-										
		Senior Blue 401	*						\$30.00	-										
		Traditional Blue Medicare PPO 201 Plus		*					\$65.00	-										
		Senior Blue 402	*						\$95.00	\$77.95			*	*			88	*		
			Traditional Blue Medicare PPO 202 Plus		*				\$115.00	\$77.95			*	*			88	*		
			Senior Blue 406	*						\$125.00	\$107.15	*			*	*		88	*	
			Traditional Blue Medicare PPO 203 Enhanced		*					\$145.00	\$107.15	*			*			88	*	
			Today's Option					*		\$23.95	-									
	UnitedHealthcare Medicare Complete Choice	Today's Options Premier					*		\$37.95	-										
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*		
		UnitedHealthcare Medicare Complete Choice			*				\$0.00	-										
		UnitedHealthcareMedicareCompChoice Plus Rx			*				\$22.29	\$22.29	*			*			97	*		
UnitedHealthcare of New York, Inc.	Evercare Plan H	*						\$25.09	\$25.09	*			*			97	*			
	Evercare Plan DH	*						\$29.32	\$29.32	*			*			97	*			

## New York Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
SCHENECTADY	CDPHP Medicare Choice	CDPHP Medicare Choice	•					\$40.00	-									
		CDPHP Medicare Choice with Part D	•					\$75.55	\$32.94	•			•			95	•	
		HealthNow New York Inc.	•					\$0.00	-									
		Senior Blue 400	•					\$30.00	-									
		Senior Blue 401	•					\$65.00	-									
		Traditional Blue Medicare PPO 201 Plus		•				\$95.00	\$77.95			•	•			88	•	
		Senior Blue 402	•					\$115.00	\$77.95			•	•			88	•	
		Traditional Blue Medicare PPO 202 Plus		•				\$125.00	\$107.15	•			•			88	•	
		Senior Blue 406	•					\$145.00	\$107.15	•			•			88	•	
		Traditional Blue Medicare PPO 203 Enhanced		•														
		New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage	•					\$39.00	-								
			Fidelis M/c Advantage with Prescription Dr	•					\$72.53	\$33.53	•			•			95	•
		Today's Option	Today's Options Basic				•		\$23.95	-								
			Today's Options Premier				•		\$37.95	-								
		UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•			97	•
			UnitedHealthcare Medicare Complete Choice			•			\$0.00	-								
			UnitedHealthcareMedicareCompChoice Plus Rx			•			\$22.29	\$22.29	•			•			97	•
		UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Complete Rx	•					\$0.00	-				•			97	•
			UnitedHealthcare Medicare Complete Rx	•					\$0.00	\$0.00	•			•			97	•
			Evercare Plan H	•					\$25.09	\$25.09	•			•			97	•
		Evercare Plan DH	•					\$29.32	\$29.32	•			•			97	•	
SCHOHARIE	Today's Option	Today's Options Basic				•		\$23.95	-									
		Today's Options Premier				•		\$37.95	-									
		UnitedHealthcare Medicare Complete Choice			•			\$0.00	\$0.00	•			•			97	•	
			UnitedHealthcare Medicare Complete Choice			•		\$0.00	-									
			UnitedHealthcareMedicareCompChoice Plus Rx			•		\$22.29	\$22.29	•			•			97	•	
SCHUYLER	Excelsus Health Plan, Inc.	Medicare Blue PPO - ONE		•				\$0.00	-									
		Medicare Blue PPO - THREE		•				\$24.00	\$23.31		•		•			87	•	
		Medicare Blue PPO - TWO		•				\$24.00	\$23.31	•			•			87	•	
	Today's Option	Today's Options Basic				•		\$23.95	-									
		Today's Options Premier				•		\$37.95	-									
		UnitedHealthcare Medicare Complete Choice			•			\$0.00	\$0.00	•			•			97	•	
			UnitedHealthcare Medicare Complete Choice			•		\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			•		\$22.29	\$22.29	•			•			97	•		

## New York Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name							Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*				Includes Tiered Copayments for Drugs				Mail Order Offered
SENECA	Excellus Health Plan, Inc.	Medicare Blue Choice Value	•						\$10.00	-								
		Medicare Blue Choice Platinum	•						\$25.00	-								
		Medicare Blue PPO - Plan 101		•					\$60.00	-								
		Medicare Blue Choice Optimum	•						\$69.00	\$24.10	•			•			87	•
		Medicare Blue PPO - Plan 201		•					\$74.00	\$23.83		•		•			87	•
		Blue Choice Senior					•		\$132.04	\$24.54	•			•			87	•
		Preferred Care Gold	•						\$16.43	-								
		Preferred Care GoldRx	•						\$52.00	\$35.60	•			•			97	•
		Preferred Care GoldAnywhere		•					\$75.00	-								
		Preferred Care GoldAnywhereRx		•					\$110.00	\$35.39	•			•			97	•
		Today's Option					•		\$23.95	-								
		Today's Options Premier					•		\$37.95	-								
		UnitedHealthcare Medicare Complete Choice				•			\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice				•			\$0.00	-								
		ST. LAWRENCE	Excellus Health Plan, Inc.	UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29	•			•		
Medicare Blue PPO - ONE				•					\$20.00	-				•			87	•
Medicare Blue PPO - THREE				•					\$44.00	\$21.13		•		•			87	•
Medicare Blue PPO - TWO				•					\$44.00	\$21.13	•			•			87	•
Today's Option							•		\$23.95	-								
Today's Options Premier							•		\$37.95	-								
UnitedHealthcare Medicare Complete Choice						•			\$0.00	\$0.00	•			•			97	•
UnitedHealthcare Medicare Complete Choice						•			\$0.00	-								
UnitedHealthcareMedicareCompChoice Plus Rx						•			\$22.29	\$22.29	•			•			97	•
Evercare Plan H	•								\$25.09	\$25.09	•			•			97	•
STEUBEN	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•					\$0.00	-								
		Medicare Blue PPO - THREE		•					\$24.00	\$23.31		•		•			87	•
		Medicare Blue PPO - TWO		•					\$24.00	\$23.31	•			•			87	•
		Preferred Care GoldAnywhere		•					\$75.00	-								
		Preferred Care GoldAnywhereRx		•					\$110.00	\$35.39	•			•			97	•
		Today's Option					•		\$23.95	-								
		Today's Options Premier					•		\$37.95	-								
		UnitedHealthcare Medicare Complete Choice				•			\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice				•			\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx				•			\$22.29	\$22.29	•			•			97	•

## New York Medicare Advantage, Cost Plans, and Demonstrations

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Description								Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
SUFFOLK	Empire BlueCross BlueShield	Senior Plan Direct PPO		*				\$150.00										
		Senior Plan Direct PPO Plus		*				\$179.00	\$29.26	*			*			95	*	
	Empire BlueCross BlueShield HMO	Senior Plan Direct	*					\$83.00	-									
		Senior Plan Direct Plus	*					\$111.00	\$29.00	*			*			95	*	
	GHI Medicare Choice PPO	GHI Medicare PPO I		*				\$0.00	-									
		GHI Medicare PPO II		*				\$20.00	\$20.00	*			*			87	*	
		GHI Medicare PPO III		*				\$30.00	\$30.00	*			*	*		87	*	
	HIP Health Plan of Greater New York	Part B Only	*					\$48.87	\$48.87			*	*			88	*	
		Open Access A	*					\$105.00	\$40.70			*				88	*	
		Standard A	*					\$105.00	\$40.70			*				88	*	
		RX Carveout	*					\$119.00	-									
	Hip Insurance Company Of New York	HIP PPO		*				\$159.70	\$40.70			*				88	*	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*			*			97	*	
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*			97	*	
	UnitedHealthcare of New York, Inc.	Evercare Plan H	*					\$25.09	\$25.09	*			*			97	*	
	SULLIVAN	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*			97	*	
WellCare		WellCare Prescription Plus	*					\$0.00	\$0.00	*			*	*		85	*	
		WellCare Choice	*					\$34.00	\$4.38			*	*			85	*	
TIOGA	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		*				\$0.00	-									
		Medicare Blue PPO - THREE		*				\$24.00	\$23.31		*		*			87	*	
		Medicare Blue PPO - TWO		*				\$24.00	\$23.31	*			*			87	*	
	Today's Option	Today's Options Basic				*		\$23.95	-									
		Today's Options Premier				*		\$37.95	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*			*			97	*	
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*			97	*	
TOMPKINS	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		*				\$20.00	-									
		Medicare Blue PPO - THREE		*				\$44.00	\$21.13		*		*			87	*	
		Medicare Blue PPO - TWO		*				\$44.00	\$21.13	*			*			87	*	
	Today's Option	Today's Options Basic				*		\$23.95	-									
		Today's Options Premier				*		\$37.95	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*			*			97	*	
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
	UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*			97	*		

## New York Medicare Advantage, Cost Plans, and Demonstrations

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Description								Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name															Mail Order Offered	
ULSTER	GHI Medicare Choice PPO	GHI Medicare PPO I		*				\$0.00	-				*					
		GHI Medicare PPO II		*				\$20.00	\$20.00	*			*			87	*	
		GHI Medicare PPO III		*				\$30.00	\$30.00	*			*	*		87	*	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*			*			97	*	
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*			97	*	
	UnitedHealthcare of New York, Inc.	Evercare Plan H	*					\$25.09	\$25.09	*			*			97	*	
	WellCare	Wellcare Choice	*					\$0.00	\$0.00	*			*			85	*	
		WellCare Advance	*					\$0.00	-									
		WellCare Prescription Plus	*					\$0.00	\$0.00	*			*	*		85	*	
		WellCare Select	*					\$7.46	\$7.46			*	*			85	*	
		WellCare Access	*					\$25.70	\$25.70			*				85	*	
WARREN	HealthNow New York Inc.	Senior Blue 400	*					\$0.00	-									
		Senior Blue 401	*					\$30.00	-									
		Traditional Blue Medicare PPO 201 Plus		*				\$65.00	-									
		Senior Blue 402	*					\$95.00	\$77.95			*	*			88	*	
		Traditional Blue Medicare PPO 202 Plus		*				\$115.00	\$77.95			*	*			88	*	
		Senior Blue 406	*					\$125.00	\$107.15	*			*			88	*	
		Traditional Blue Medicare PPO 203 Enhanced		*				\$145.00	\$107.15	*			*			88	*	
	Today's Option	Today's Options Basic				*		\$23.95	-									
		Today's Options Premier				*		\$37.95	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*			*			97	*	
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*			97	*	
WASHINGTON	HealthNow New York Inc.	Senior Blue 400	*					\$0.00	-									
		Senior Blue 401	*					\$30.00	-									
		Traditional Blue Medicare PPO 201 Plus		*				\$65.00	-									
		Senior Blue 402	*					\$95.00	\$77.95			*	*			88	*	
		Traditional Blue Medicare PPO 202 Plus		*				\$115.00	\$77.95			*	*			88	*	
		Senior Blue 406	*					\$125.00	\$107.15	*			*			88	*	
		Traditional Blue Medicare PPO 203 Enhanced		*				\$145.00	\$107.15	*			*			88	*	
	Today's Option	Today's Options Basic				*		\$23.95	-									
		Today's Options Premier				*		\$37.95	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*			*			97	*	
		UnitedHealthcare Medicare Complete Choice			*			\$0.00	-									
		UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*			97	*	



## New York Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
County	Organization Name	Plan Name																Mail Order Offered		
WAYNE	Excellus Health Plan, Inc.	Medicare Blue Choice Value	*					\$10.00	-											
		Medicare Blue Choice Platinum	*					\$25.00	-											
		Medicare Blue PPO - Plan 101		*				\$60.00	-											
		Medicare Blue Choice Optimum	*					\$69.00	\$24.10	*				*			87	*		
		Medicare Blue PPO - Plan 201		*				\$74.00	\$23.83		*			*			87	*		
			Blue Choice Senior				*	\$132.04	\$24.54	*				*			87	*		
		HealthNow New York Inc.	HealthNow Medicare Secure HMO 4.1	*				\$20.00	-											
	HealthNow Medicare Secure PPO 2.1			*				\$50.00	-											
	HealthNow Medicare Secure HMO 4.2		*					\$95.00	\$77.15			*					88	*		
	HealthNow Medicare Secure PPO 2.2			*				\$125.00	\$77.15			*					88	*		
	Preferred Care Gold		*					\$16.43	-											
			Preferred Care GoldRx	*				\$52.00	\$35.60	*				*				97	*	
		Preferred Care GoldAnywhere	Preferred Care GoldAnywhere		*			\$75.00	-											
	Preferred Care GoldAnywhereRx			*				\$110.00	\$35.39	*				*				97	*	
		Today's Option	Today's Options Basic				*	\$23.95	-											
			Today's Options Premier				*	\$37.95	-											
		UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*				*				97	*
			UnitedHealthcare Medicare Complete Choice			*			\$0.00	-										
			UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*				*				97	*
			WellCare	WellCare Choice	*				\$0.00	\$0.00	*				*				85	*
				WellCare Prescription Plus	*				\$0.00	\$0.00	*				*	*			85	*
			WellCare Dividend	*				\$0.00	-											
			WellCare Select	*				\$7.46	\$7.46				*	*				85	*	
			WellCare Access	*				\$25.83	\$25.83				*	*				85	*	
	WESTCHESTER	Aetna Medicare	Aetna Golden Medicare Standard Plan	*					\$50.00	-										
Aetna Golden Medicare Standard Plan w/Rx			*					\$75.00	\$31.78			*	*				85	*		
			Aetna Golden Choice Standard Plan		*			\$90.00	\$31.78			*	*				85	*		
			Aetna Golden Choice Premier Plan		*			\$110.00	\$58.39	*			*	*			97	*		
Empire BlueCross BlueShield		Senior Plan Direct PPO		*				\$43.00	-											
		Senior Plan Direct PPO Plus		*				\$72.00	\$29.00	*				*				95	*	
Empire BlueCross BlueShield HMO		Senior Plan Direct Plus	*					\$19.00	\$19.00	*				*				95	*	
		GHI Medicare PPO I		*				\$0.00	-											
GHI Medicare Choice PPO		GHI Medicare PPO II		*				\$20.00	\$20.00	*				*				87	*	
		GHI Medicare PPO III		*				\$30.00	\$30.00	*				*	*			87	*	
			GHI Medicare PPO Value		*			\$55.21	\$22.46			*	*					87	*	
HIP Health Plan of Greater New York		Part B Only	*					\$48.87	\$48.87			*	*					88	*	
		Open Access A	*					\$105.00	\$40.70			*	*					88	*	
		Standard A	*					\$105.00	\$40.70			*	*					88	*	
		RX Carveout	*					\$119.00	-											
		Hip Insurance Company Of New York	HIP PPO		*			\$159.70	\$40.70			*	*					88	*	
Oxford Medicare Advantage			Oxford Medicare Advantage Balance	*				\$0.00	\$0.00	*			*					97	*	
			Oxford Medicare Advantage Signature	*				\$0.00	\$0.00	*			*					97	*	
			Oxford Medicare Advantage Essential	*				\$0.00	-											
		Touchstone Health Partnership	Medicare Dedicated	*				\$0.00	-											
			Medicare Value	*				\$35.00	\$0.00	*			*	*				96	*	
			Medicare Freedom	*				\$53.00	\$0.00	*			*	*				96	*	
		UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			*			\$0.00	\$0.00	*				*				97	*
			UnitedHealthcare Medicare Complete Choice			*			\$0.00	-										
			UnitedHealthcareMedicareCompChoice Plus Rx			*			\$22.29	\$22.29	*			*					97	*

## New York Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience			
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service														
County	Organization Name	Plan Name									Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		Mail Order Offered		
WESTCHESTER	UnitedHealthcare of New York, Inc.	Evercare Plan H	•						\$25.09	\$25.09	•				•			97	•	
	WellCare	WellCare Prescription Plus	•						\$0.00	\$0.00	•				•	•		85	•	
		WellCare Select	•						\$7.46	\$7.46				•	•			85	•	
		WellCare Access	•						\$25.86	\$25.86				•	•			85	•	
		WellCare Choice	•						\$59.00	\$0.00				•	•			85	•	
WYOMING	Excellus Health Plan, Inc.	SeniorChoice Value	•						\$0.00	-										
		SeniorChoice Select	•						\$15.00	-										
		Univera Medicare PPO 103		•					\$30.00	-										
		Univera Medicare PPO 102		•					\$44.00	\$21.85		•			•			87	•	
		SeniorChoice Secure	•						\$45.00	\$22.88	•				•			87	•	
		HealthNow New York Inc.	Senior Blue 401	•					\$0.00	-										
		Traditional Blue Medicare PPO 201 Plus	•	•					\$35.00	-										
		Senior Blue 402	•						\$95.00	\$57.29				•	•			88	•	
		Traditional Blue Medicare PPO 202 Plus		•					\$110.00	\$57.29				•	•			88	•	
		Senior Blue 406	•						\$125.00	\$87.55	•				•			88	•	
		Traditional Blue Medicare PPO 203 Enhanced		•					\$140.00	\$87.55	•				•			88	•	
		Independent Health	Encompass 65 Basic	•					\$0.00	-										
			Encompass 65 Basic with Rx	•					\$0.00	\$0.00				•				88		
			Encompass 65	•					\$16.00	-										
			Encompass 65 with Rx	•					\$48.00	\$32.08				•				88		
			Encompass 65 Extra	•					\$55.00	\$46.93	•				•			90		
			Medicare Passport Plan PPO		•				\$60.00	\$32.08				•				88		
			Medicare Passport Plan PPO Premier		•				\$118.00	\$51.78	•				•			90		
		Preferred Care Gold	Preferred Care Gold	•					\$16.43	-										
			Preferred Care GoldRx	•					\$52.00	\$35.60	•				•			97	•	
		Preferred Care GoldAnywhere	Preferred Care GoldAnywhere		•				\$75.00	-										
			Preferred Care GoldAnywhereRx		•				\$110.00	\$35.39	•				•			97	•	
		Today's Option	Today's Options Basic				•		\$23.95	-										
			Today's Options Premier				•		\$37.95	-										
		UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•				•			97	•	
			UnitedHealthcare Medicare Complete Choice			•			\$0.00	-										
			UnitedHealthcareMedicareCompChoice Plus Rx			•			\$22.29	\$22.29	•				•			97	•	
	YATES	UnitedHealthcare of New York, Inc.	Evercare Plan H	•						\$25.09	\$25.09	•				•			97	•
		Excellus Health Plan, Inc.	Medicare Blue Choice Value	•						\$10.00	-									
			Medicare Blue Choice Platinum	•						\$25.00	-									
		Medicare Blue PPO - Plan 101		•					\$60.00	-										
		Medicare Blue Choice Optimum	•						\$69.00	\$24.10	•				•			87	•	
		Medicare Blue PPO - Plan 201		•					\$74.00	\$23.83		•			•			87	•	
		Blue Choice Senior						•	\$132.04	\$24.54	•				•			87	•	
		Preferred Care Gold	Preferred Care Gold	•					\$16.43	-										
			Preferred Care GoldRx	•					\$52.00	\$35.60	•				•			97	•	
		Preferred Care GoldAnywhere	Preferred Care GoldAnywhere		•				\$75.00	-										
			Preferred Care GoldAnywhereRx		•				\$110.00	\$35.39	•				•			97	•	
		Today's Option	Today's Options Basic				•		\$23.95	-										
			Today's Options Premier				•		\$37.95	-										
		UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•				•			97	•	
			UnitedHealthcare Medicare Complete Choice			•			\$0.00	-										
		UnitedHealthcareMedicareCompChoice Plus Rx			•			\$22.29	\$22.29	•				•			97	•		